Effective October 1, 2000									09	7/2	542	34
		CLAIMS A	S FILED (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER	R THAN
TOTAL CLAIMS			32					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE			BASIC FEE	
TOTAL CHARGEABLE CLAIMS			3 20 inus 20=		. 12			X\$.9=	108 0	1	X\$18=	
INDEPENDENT CLAIMS			7-minus 3 =		. 4			X40=	1	1	X80=	
MI	JLTIPLE DEPE	NDENT CLAIM P	RESENT		<u> </u>		٠		160.00	OR		
• #	the difference	in column 1 is	less than z	ess than zero, enter "0" in column 2				+135=		OR	+270=	ì
10/2 CLAIMS AS AMENDED - PART II								TOTAL	623. J	OR	TOTAL	Ĺ
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
Ą.		CLAIMS REMAINING AFTER AMENOMENT		HIGH	EST BER USLY	PRESENT EXTRA			ADDI-	1		ADDI-
MENDMENT'A				PREVIO				RATE	TIONAL FEE		RATE	TIONAL FEE
Š	Total	.32	Minus	-3:	2	=		X\$ 9=_		OR	X\$18=	FEE
ME		: 7	Minus	***),.	-	4	X40=			×80=	
FIRST PRESENTATION OF MU			JLTIPLE DEPENDENT CLAIM							OR	÷ ** · · ·	/
							l	+135=		OR	+270=	
5/7/03							,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colun		(Column 3)	r					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.29	Minus	- 3	2	=		X\$ 9=		OR	X\$18=	
	Independent FIRST PRESE	NTATION OF MU	Minus JLTIPLE DEF	ENDENT	Z Z		I	X40=.		OR	X80=	
	11/14/03							+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
-	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 28	Minus	<i>36</i>	}	=	1	X\$ 9=		OR	X\$18=	,,,,
	Independent	. 6	Minus	***	7	= /	l	X4Q€		ŀ	X80=	
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR		
. 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=	
***	If the "Highest Nu If the "Highest Nu	mber Previously Pa mber Previously Pa	id For IN THI: iid For IN THI	S SPACE is S SPACE is	less than	20, enter "20." n 3. enter "3."		TOTAL DDIT. FEE			TOTAL UDDIT: FEE	
	The "Highest Num	ber Previously Paid	d For" (Total or	Independe	nt) is the	highest number	four	nd in the app	propriate box	in colu	mn 1.	

oplication or Docket Number